

DISCHARGE NOTICE

DER REPORT NO.

Distribute a copy to:

- Employee
- Department
- Union (if required)
- Employees' Retirement System
- Dept. of Employee Relations – Pay Services Section

Date: _____

Employee:		Employee ID. No.:
Department:		Race:
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Division:		Div. No.:
		Payroll Loc. No.:
Job Title:		Immediate Supervisor:

In accordance with City Service Commission Rule XIII, Section 5, you are hereby discharged effective ____ (☐ am / ☐ pm) on ____ (date) for the following offense(s). You have three days if you wish to appeal the Discharge.

I. Description of Offense:

II. Previous Disciplinary Actions including Warning Letters:

	Signature*:
<i>Date given to Employee</i> <u>RIGHT OF APPEAL:</u> Regularly appointed Civil Service employees (those who have completed their probationary period) may appeal in writing to the City Service Commission <u>within three days</u> after receipt of this notice. Employees of a department under the supervision of a board or commission of three or more members must appeal to that board or commission.	Title:
	Signature:
	Title:
	* PRIOR UNION NOTIFICATION REQUIRED: Except in emergency situations prior notification must be given to the certified union if a bargaining unit employee is involved.

NOTE: If you have been issued an employee Identification card, it must be turned in to your supervisor before your final paycheck will be released.